

B
 BROKEN ARROW PUBLIC SCHOOLS
Educating Today R *Leading Tomorrow*

Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: 12/3/2024

Contract/Agreement Vendor: Hypnosis with Mike / Mike Breeze
Name of Vendor & Contact Person
mike@hypnosiswithmike.com
Vendor Email Address

Hypnosis with Mike will provide hypnosis entertainment for project graduation
Describe Contract (Technology, program, consultant-prof Development, etc.)

Please use Summary below to fully explain the contract purchase, any titles, and details for the Board of Education to review.

Graduating BAHS student
Reason/Audience to benefit
January 13, 2025 \$ 3,000.00
BOE Date Amount of agreement

Person Submitting Contract/Agreement for Review: Carolyn Harger

PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK

Principal **&/or** Director or Administrator: *Christian Welborn*

Does this Contract/Agreement utilize technology? YES/NO _____
 If yes, Technology Admin: _____

Cabinet Team Member: *John L. Dunn*

Funding Source: 62-878 878-2199-337-900
Fund/Project OCAS Coding

Consent

Action

Hypnosis with Mike will provide entertainment at project graduation for the graduating seniors.

Summary This area must be complete with full explanation of contract

The Contract/Agreement should be received at least 2 weeks prior to a Board Meeting to ensure placement on the Agenda. The Contract Committee meets most Tuesdays at 8:00a.m. All Contracts/Agreements, regardless the amount, must be first approved by the Contract Committee and then presented to the Board of Education for approval and signature. The item will be placed on Electronic School Board for the board agenda by Janet Brown. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.

MEMORANDUM

To: Mr. Chuck Perry
From: Christian Welborn
Date: January 13, 2025
Re: Hypnosis with Mike

SUBJECT

Discussion, motion and vote on motion to approve or disapprove the agreement between Hypnosis with Mike and Broken Arrow Public Schools to serve as entertainment for project graduation at a rate of \$3000. C. Welborn

ENCLOSURE/ATTACHMENTS

Agreement

SUMMARY

Hypnosis with Mike will provide entertainment for project graduation on May 19, 2025

FUNDING

Activity Funds

RECOMMENDATION

Approve

INVOICE

Date: 5/19/2025
Invoice # 51925BA

Hypnosis with Mike Inc.
335 North 29th
Duncan, OK 73533
580.512.5560
mike@made4success.com

Broken Arrow Public Schools
1901 E Albany St.
Broken Arrow, OK 74012
918-850-4914
cwelborn@baschools.org

<i>Salesperson</i>	<i>Job</i>	<i>Payment Terms</i>	<i>Due Date</i>
	Comedy Stage Hypnosis Show	Net 30	6/20/2025

<i>Qty</i>	<i>Description</i>	<i>Unit Price</i>	<i>Line Total</i>
	Entertainment		\$3,000

Subtotal
Sales Tax
Total \$3,000

EIN #
81-4989448

Make all checks payable to Hypnosis with Mike Inc.
Thank you for your business!

Made4Success.com

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Hypnosis with Mike Inc.		
	2	Business name/disregarded entity name, if different from above. Made4Success		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	(Applies to accounts maintained outside the United States.)	
	5	Address (number, street, and apt. or suite no.). See instructions. 335 North 29th Street	Requester's name and address (optional)	
	6	City, state, and ZIP code Duncan, OK 73533		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
8 1 - 4 9 8 9 4 4 8	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 11/22/2024
------------------	--------------------------	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Performance Agreement

This will confirm the agreement between Hypnosis with Mike *Inc.* and Broken Arrow Public Schools to be known as Sponsor hereafter.

For the presentation of: Hypnosis with Mike

Date: 5/19/2025
Location: 1901 E. Albany St. Broken Arrow, OK 74012
Set Up Time: 8:00pm 05/19/2025
Name of Room or Building: Gymnasium (Subject to change)
Showtime: 2 Shows (11:15 pm 05/19 and 12:30 am 05/20)
Fee: \$3,000

Client has up to 30 days from the completion of performance to complete settlement with Hypnosis with Mike (Net 30). Payment may be made in advance.

Sponsor agrees to furnish without cost to Hypnosis with Mike a location for the event to take place.

Sponsor or Venue to provide:

- Location for performance to be held at no cost to performer.
- 12 x 20' (minimum) area designated area for performance
- Armless chairs for volunteers (folding chairs work great)


Cancellation & Refund Policy

A cancellation fee of 50% of contract value plus all travel expenses incurred will be charged for cancellations made less than 45 days of event date.

In the event of sickness or accident to your speaker, or if an event is rendered impossible due to an emergency beyond control of speaker or host, it is understood and agreed that there shall be no claim for damages by either party. In the event of such nonperformance for any of the reasons listed above, fees will be waived.

As Agreed:

Board President
Broken Arrow Public Schools
1901 E. Albany St.
Broken Arrow, OK 74012
918.850.4914
cwelborn@baschools.org


Mike Breeze
Hypnosis with Mike *Inc.*
335 North 29th
Duncan, OK 73533
580.512.5560
mike@made4success.com

11/22/2024

Date